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LOYOLA UNIVERSITY CHICAGO

THE EFFECTS OF A CONFLICT PREVENTION PROGRAM ON
SELF-EFFICACY AND PREVENTION BELIEFS OF AFRICAN AMERICAN CHILDREN

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS
DEPARTMENT OF COUNSELING PSYCHOLOGY

BY
CHRISTINE CAROL ASIDAO
CHICAGO, ILLINOIS
JANUARY 1998

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ABSTRACT

This study looks at the effectiveness of a conflict prevention program on a group of African-American children ages 8 to 13. The conflict prevention piece was part of a larger intervention curriculum that also addressed sex, drug and alcohol prevention. The goal of the violence prevention program was to increase children's conflict prevention knowledge and self-efficacy in preventing or diffusing potentially violent situations. Children's hope for the future, self-esteem, and perceived self-control were also assessed. The measures used in the intervention included a specially designed prevention knowledge questionnaire, a self-efficacy measure that addressed conflict, sex, and drug prevention, the Hopelessness Scale for Children, the Children's Perceived Self-Control Scale, and the Rosenberg Self-Esteem Scale. Pre and post measure results indicated that children's knowledge of prevention and self-efficacy were already high before the intervention even began. However, there were positive, significant results found on children's hopelessness, self-esteem, and locus of control scores.

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CHAPTER 1

INTRODUCTION

Children have basic needs in order to thrive. One need is to feel physically safe in their own homes, schools, and communities. However, everyday violence is a threat. The statistics on violence, especially involving children, are alarming (Decker-Frisk, 1997):

1. 1 in 4 victims of violent crimes are between the ages of 12-17
2. 3 out of every 10 homicides by juveniles are killings of other children
3. 13% of all murder victims in urban areas are under 18
4. 12-17 year olds are 5 times more likely to be victims than adults older than 35
5. 21% of high school students say they know someone who has died violently
6. 28% of youths who have carried weapons, have witnessed violence in their homes
7. 73% of high schoolers consider teenage violence and crime to be a major problem
8. 75% of violent incarcerated juveniles have suffered some form of serious abuse by their family
9. 78% of violent incarcerated juveniles have been witness to extreme violence
10. 208 children under 10 are killed each year in incidents involving firearms
11. 4,173 teens 15-19 are killed each year in incidents involving firearms
12. Murder is the second leading cause of death for 14-17 year olds

These statistics portray the harsh realities of children's lives. According to the National Crime Survey (as cited in Stephens, 1991), there are nearly 3,000,000 incidents of crime and violence reported in U.S. kindergarten through 12th grade schools each year. These include robbery, intimidation, aggravated assault, and violent victimization. In a survey of children ages 9-13, 4 out of 5 students had been witness to or a victim of violence (Lorion & Saltzman, 1993). In another sample, almost 50% of the youth had either witnessed a crime or had been victimized (Williams, Singh, & Singh, 1994).

According to Bell and Jenkins (1993), an alarming number of the nation's children are daily witnesses to acts of violence or are victims themselves. For example, in their survey of 500, 7-15 year old children, nearly 80% had witnessed a beating, 30% a stabbing, and over 25% a shooting. In another

survey of 997, 10-19 year olds, 26% knew of someone shot, nearly 30% knew of someone killed, almost 40% witnessed a shooting, while nearly 25% witnessed a killing. In another survey of African-American youth, 85% of the children had witnessed the shooting, stabbing, robbing, or killing of another person (Shakoor & Chalmers, 1991).

Such incidents undoubtedly influence children's perceptions. Children's beliefs about violence are also an important consideration. In a telephone survey of 404 teens from the Boston area, it was reported that fighting can and should be avoided, but knowledge of peaceful behavior options was lacking (Hafman, Spivak, & Prothrow-Stith, 1994). The results of this survey suggest that children know violence should not be a solution, but that they do not have the skills to find an alternative solution. Violence needs to be prevented through education of such skills such as value judgments as early as possible by families, communities, teachers, and social service providers.

Violence is often a way of expressing anger. Violence is an aggressive behavior that is unanticipated, out of context, not based on mutual agreement, and inflicts both emotional and physical hurt to the victim. What is the definition of violence? Violence can be broken down into three subsets (Lipsitt, 1994):

1. Interpersonal Violence--involves behavior by persons against persons that threatens, attempts, or completes intentional infliction of physical or psychological harm.
2. Primary Violence--involves acts of assault typically among persons who are acquainted, who may share other characteristics and is not associated with the commission of another crime.
3. Secondary Violence (Instrumental Violence)--typically involves perpetrators and victims who have no relationship, and is associated with the commission of another crime such as armed robbery.

The focus of this thesis will involve the second definition of violence, primarily because of the fact that the majority of violence occurs between people who know each other (Prothrow-Stith, 1991). The thesis will determine whether skills training and education based on a cognitive-behavioral conflict prevention program will have a positive impact on children's prevention knowledge and self-efficacy scores.

This thesis is designed to address program evaluation in the following two ways:

1. Will children's violence prevention knowledge increase after participating in this program?
2. Will children's self-efficacy beliefs increase after participating in this program?

Additional questions will include:

1. Will there be a positive change in children's locus of control?
2. Will there be a decrease in children's hopelessness?
3. Will there be an increase in children's self-esteem?
4. Will the older children benefit more from the intervention than the younger children?
5. Will gender be a moderating variable in the measurement outcomes?

It is hypothesized that children will show increased knowledge and self-efficacy at the end of the intervention. It is also hypothesized that children will develop a more internal locus of control, increased hope for the future and for oneself, and increased self-esteem following the intervention. Furthermore, it is predicted that older children will show a greater amount of knowledge than the younger children due to developmental differences and greater maturity. It is also predicted that there will be score differences between the boys and the girls due to possible differences in coping and reactions to community violence.

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter will discuss violence risk factors, the proposed solutions to violence, and how children are learning about violence and aggression. It will also focus on why the variables of self-efficacy, self-esteem, hopelessness, and locus of control will be addressed in this thesis. This chapter will also provide the rationale for why a violence prevention program is needed specifically for young African-American children.

Violence risk factors include people who are arguing, are on drugs or who have been drinking, who have the possession of a gun, are living in impoverished “inner city” neighborhoods, and being a young man of color (Prothrow-Stith, 1991). Firearm homicide is the leading cause of death among black males 15 through 19 years of age in the United States. In 1989, black teenage male firearm homicide rate was 6.5 times the rate in nonmetropolitan counties (Fingerhut, Ingram, & Feldman, 1992).

Drug and alcohol use is associated with increased violence. In a study of 2,717 4th-6th graders, children living in the most dangerous neighborhoods reported levels of drug and alcohol abuse almost 10 times greater than those children living in the least dangerous neighborhoods (Lorion & Saltzman, 1993). In another study, more than a third of the state incarcerated youth reported being under the influence during the time of their offense (Lipsitt, 1994).

Gun possession is another variable associated with increased violence. According to Elders (1994), an estimated 430,000 students took a weapon to school at least once during a 6 month period in 1989. Children are trying to find solutions to the epidemic of violence by trying to protect themselves. However, choosing to carry a weapon only leads to more violence. For example, in a study by Bell and Jenkins (1993), 33% of the students reported carrying a weapon and 12% revealed injuring someone with the weapon. This study also found that carrying a weapon was the strongest predictor of witnessing, victimization, and perpetration of violence. Guns are also a significant predictor of death. In the years between 1979-1989, it was one of the leading causes of death amongst black males 15-19 years of age. It

has also been one of the leading causes of death for all 15-19 year olds and has been increasing more rapidly than any other cause of death (Fingerhut, Ingram, & Feldman, 1992).

Youth and the poor are especially at risk for violence. Individuals ages 12 to 24 have the highest victimization rate for violent crime. Families with an income below \$7,500 a year have a violent crime rate 2 1/2 times as high as the rate for families with an income of \$50,000 a year (Lipsitt, 1994).

Violence appears to affect children from all ethnic backgrounds, but it is disproportionately devastating the lives of African-American children. African-Americans constitute 12% of the population, but make up 50% of the murder victims. The majority of these murders are caused by acquaintances, friends, and family members (Elders, 1994).

Violence is a problem that needs to be alleviated. What have been the proposed solutions? "Band-aid" or reactive solutions have included building more prisons, cutting back on social programs, increasing the number of police, designing boot camps, installing metal detectors in schools, and advocating the death penalty. These "solutions" have not worked in decreasing the numbers of violent acts (Lipsitt, 1994). Other, more insightful solutions have also been proposed. Suggestions have included treating violence as a public health issue, practicing conflict and violence prevention, teaching non-violent conflict resolution, banning handguns and corporal punishment, restricting media violence, investing in communities at risk for violence, educating parents, and creating more jobs (Friedlander, 1993; Guiliano, 1994).

For example, in the public health approach, violence has become such a serious issue that the Centers for Disease Control has named violence prevention as one of its top priorities (Rosenberg, O'Carroll, & Powell, 1992). Their goals include developing guidelines for those who want to develop programs to prevent youth violence, implementing community-based youth violence prevention programs, and multi-focused prevention efforts. Elders (1994) believes the most effective interventions begin early and involve changing attitudes, providing knowledge, teaching positive behavior and educating children on how to resolve conflicts peacefully. In the Violence Prevention Project (Spivak, Hausman, & Prothrow-Stith, 1989) components of the intervention included a mass media campaign and a community-based outreach and education project focused on adolescents.

Another proposal has been on the macrolevel. Tolan, Guerra, and Kendall (1995) suggest a multicomponent, multicontext approach where the individual, family, friends, and community are involved

in the effort to reduce violence. This approach attempts to go beyond focusing on individual change and instead advocates addressing the many different factors that promote and maintain violence.

These proposals address the many factors that are needed to reduce violence, but they also require much time and money. These are two requirements many communities cannot meet. However, there have been approaches on a smaller scale that have been successful in decreasing conflict and violence. These have mainly focused on children in their school environments.

For example, a six week peer-mediation training program was implemented on a sample of 92 middle class, first through sixth graders in a suburban school (Johnson et al, 1994). The curriculum was based on negotiation and mediation training. The results of the quasi-experimental research design found that students were able to negotiate effectively and were able to use their learned skills in resolving conflicts between their classmates following the intervention. The children were observed four months later and were found to have retained their skills. Teachers also reported an 80% drop in having to involve themselves in students' conflicts. These results support the idea that children can learn to use conflict prevention skills effectively. However, a criticism of this study is its lack of generalizability to a more ethnically heterogeneous sample of children living in non-suburban areas, where violence is more prolific.

In another study that measured the effectiveness of peer mediation in an inner-city school, results were promising (Johnson et al, 1996). Forty-seven conflict managers were recruited from the 3rd and 4th grade and were in charge of mediating the conflicts amongst 229 students. These students were 58% African-American, 26% Caucasian, and 16% from other ethnic backgrounds. They came from predominantly low-income neighborhoods surrounded by gangs. The students were given 1 1/2 days of training focused on basic communication skills, assertiveness skills, and mediation skills. The majority of the conflicts involved physical fights, verbal insults, and relationship issues. The conflict managers were able to successfully mediate 98% of the 323 conflicts during the 9 month school year. The results appear to support the generalizability of peer mediation programs to heterogeneous samples of children. The current study that will be presented in this thesis uses similar conflict prevention training strategies given in a very brief time span on a sample of children that is also affected by community violence. However, it will not focus on mediation training.

How are children learning about violence? According to social learning theory, children learn how to behave from their social environment. Through modeling others, children learn how to use violence to

solve problems. If the behavior is reinforced, the aggressive and violent acts continue. (Prothrow-Stith, 1991).

According to cognitive theories on aggression, children learn behaviors through both observational (social learning) and enactive learning (rehearsal of behavior) processes. They begin to collect cognitive scripts that emphasize aggressive responding. These scripts may be activated by memory or by social cues. If these scripts are rehearsed, their recall in the future will be more likely (Huesmann, 1987).

In a study on cognitive processes, participants who reported being involved in more violent acts also reported seeing more violence in a presentation of neutral and violent slide pairs (May, 1986). Another study found that severely violent boys had difficulties with cue recall, attributions, social problem solving, and self worth (Lochman & Dodge, 1994). What these studies have in common is the lack of subjects' conflict prevention knowledge and behavioral skills. If people are capable of learning violent and aggressive behavior, they are just as capable of unlearning them.

The intervention that will be discussed in this thesis will be based on cognitive-behavioral theory. The variables that will be focused on are conflict prevention knowledge and self-efficacy.

Cognitive-behavioral interventions are based on these principles (Kendall & Norton-Ford, 1982):

1. People respond to cognitive representations of the environment and not the actual environment.
2. These cognitive representations are related to the learning process.
3. Learning is cognitively mediated.
4. Thoughts, feelings, and behaviors are all related and interactive.

Simply, both the cognitive as well as the behavioral processes of learning are important. Actual behavior can be taught through homework assignments, rehearsal, self-monitoring, and reinforced practice.

Bandura focused on the ways in which people's behaviors, cognitions, and the environment were constantly influencing each other (Bandura, 1997). He described this as "reciprocal determinism." He suggests that the way people think, behave, and the nature of the environment are determined by all three. For example, angry thoughts can lead to aggressive behavior which can lead into even more angry thoughts which attract even more negative thoughts and actions. This negativity can alter a person's perception of the environment. He or she may interpret it as more negative and threatening than it actually is.

Therefore, since all three elements depend on each other, changes made to one should influence the other

two. But, how can a person feel that he or she has the capability to change? Bandura's self-efficacy theory may have some answers.

Self-efficacy theory rises from both the social learning and cognitive-behavioral perspective. Self-efficacy is the degree to which individuals develop the belief that they are capable of performing desired behaviors and producing desired effects by their actions. It is an important cognitive factor in behavioral change. Bandura believes that actual, repeated behavior is important in producing change, but identifies changes in self-efficacy expectations as the cognitive process underlying change. Self-efficacy is not the sole factor in determining behavior, but is instead a very influential factor (Bandura, 1997; Collins, 1982; Kendall & Norton-Ford, 1982). For example, Collins (1982) found self-efficacy to be more related to posttest performance and a more accurate predictor of future performance than past performance results. This is consistent with the hypothesis that people are more influenced by their interpretation of a performance outcome than the actual outcome itself.

Bandura (1991) stated that human functioning is regulated by a combination of self-generated and external sources of influence. Self-efficacy is one internal influence and has an impact on thought, affect, motivation, and action. Self-efficacy influences people's choices, future goals, effort in a task, and perseverance through difficult situations. For example, those who are high on self-efficacy beliefs contribute failure to low effort, while those low on self-efficacy contribute it to low ability. Self-efficacy refers to people's beliefs about their own capabilities and control over their individual situations. These beliefs are an integral part of self-regulation.

Bandura (1989) believes that training in cognitive skills can be more effective if it raises self-efficacy beliefs as well as teaches actual skills. In order to build efficacy, four principles need to be exercised:

1. direct mastery experiences
2. observing people similar to oneself succeed through continuous effort
3. social persuasion that one possesses the capabilities to succeed, and
4. the ability to tune into the body's physical reactions to various information.

This present study uses these principles through:

1. role plays

2. video clips of same ethnicity and similar age adolescents using learned cognitive-behavioral skills
3. praise and encouragement by facilitators and peers and
4. discussion on how the body reacts to potential conflict

There has been a lot of research devoted to self-efficacy. Studies have looked at the relationship between self-efficacy and academic achievement, depression, athletics, career, and risk-taking behavior (Beck, 1976; Collins, 1982; Lent, Brown, & Larkin, 1984; Lent, Brown, & Larkin, 1987; Levinson, 1986).

For example, in a study by Greenberg et al (1995) they looked at the effectiveness of the Promoting Alternative Thinking Strategies (PATHS) curriculum on the emotional development of 286 mainly special needs and some regular education school-aged children ages 6-11 years. This school-based preventive intervention program is based on the ABCD (affective-behavioral-cognitive-dynamic) model of development. PATHS lasted one school year and focused on self-control, emotions, and problem solving. A critical focus of the PATHS curriculum was stressing the relationship between cognitive-affective understanding and real-life situations. Results indicated that this intervention was effective in empowering children's comfort in discussing basic feelings as well as increasing children's efficacy beliefs about managing and changing feelings. These findings support the effectiveness of school-based programs in producing cognitive and behavioral change. This study will focus on teaching children basic conflict prevention skills as well as educating children on how to tune into how they are feeling both affectively and physiologically when presented with a potential conflict situation. Through a cognitive-behaviorally based intervention program, it is hoped that children's efficacy for implementing these skills will be increased.

Some of the studies that are applicable to this thesis center on risk-taking behavior. For example, in a study that focused on adolescents and unprotected sex, the curriculum focused on imparting knowledge on sexually transmitted diseases, HIV, and unwanted pregnancy. It also developed adolescents' actual skills in gaining personal control over their sexual relationships. Results found that kids were more likely to benefit from the program that stressed both information and skill building than the program solely focused on information sharing (Jemmott, Jemmott, & Fong, 1992; Jemmott, Jemmott, Spears, Hewitt, & Cruz-Collins, 1992).

Another study based on cognitive-behavioral skills training focused on sexual assertiveness skills and the reduction of risk-related behaviors (Sikkema, Winett, & Lombard, 1995). The sample consisted of 43 single, mainly Caucasian, female college students ages 19 to 22 years. Participants were randomly assigned into skills training or education-only groups. The skills training group consisted of discussion and cognitive-behavioral training in risk behavior education, behavioral self-management, assertiveness training, decision making, safer-sex negotiation, condom use, and maintenance of these behaviors. The education-only group received a didactic approach to risk-related behaviors. Results found that the skills training group scored higher than the education only group in HIV/STD knowledge, self-efficacy, and sexual assertiveness skills. This study shows the importance of combining both cognitive and behavioral training in order to produce effective change.

In a study of 141 gay/bisexual adolescents ages 14-19 (Rotheram-Borus et al, 1995), the relative efficacy of the cognitive-behavioral, risk-taking, and stress/coping models were examined as predictors of abstinence and consistent condom use. Results found that components of the cognitive-behavioral model (self-efficacy and health beliefs) were associated with safer sex practices. This lends support to the effectiveness of programs that stresses both education and skill training in decreasing at-risk behaviors. This study will focus on educating the children on conflict prevention education as well as skill building.

In another study that focused on children's risk-taking behaviors (Caplan et al, 1992) results were also promising. The study looked at the effects of a school-based social competence training program on the substance use behavior, skills, and social adjustment of a group of inner-city and suburban sixth and seventh grade students. The 20 session curriculum consisted of stress management, self-esteem, problem solving, substances and health information, assertiveness, and peer relationships. Results found that 92% of the students felt that their problem solving efficacy improved and that they could actually apply the learned skills into real-life situations. Results indicate that intervention programs can be helpful in improving self-efficacy beliefs.

These previous studies indicate that self-efficacy is an integral component of cognitive and behavioral change, especially in risk-taking behaviors. There has been a lot of research conducted on high-risk activities such as sexual behavior and drug use, but not much attention has been paid to conflict prevention (Hammond & Yung, 1991; Johnson et al, 1994; Johnson et al 1996).

This thesis will devote most of its focus on children's self-efficacy and prevention knowledge. Since this program is based on a cognitive-behavioral approach, it is believed that self-efficacy is an important variable to look at. It is hypothesized that increased self-efficacy may lead to greater use of positive conflict resolution skills. Prevention knowledge will also be addressed because it is believed that increased knowledge is beneficial in learning important skills.

Other variables besides self-efficacy and knowledge will also be looked at. These include children's locus of control, hopelessness, and self-esteem. It is hypothesized that children's internal locus of control will increase after participation in the program. The program strives to promote self-guided choices and increase the knowledge of possible consequences to these choices. There has not been much research focused on the relationship between locus of control and violence. However, in a study by Duncan (1996), he argues that children are most likely to cope successfully with community violence if several variables are present: internal locus of control, high self-efficacy, and an optimistic and planful attitude toward the future. Therefore, if children's internal locus of control is increased as a function of participating in this program, then perhaps they will have a better chance of coping with present or future violence in their community.

It is also hypothesized that participation in the intervention program will decrease children's hopelessness. Hopelessness has been shown to be characteristic of depressed children and to be linked to low self-esteem and less prosocial behavior (Kazdin, Rodgers, & Colbus, 1986). In a study of impoverished urban children who were continually exposed to high levels of psychosocial stress, positive future expectations were found to facilitate rather than simply co-occur with sound adaptation. The children who had positive future expectations at ages 9-11 predicted enhanced socioemotional adjustment and a more internal locus of control 2 1/2 to 3 1/2 years later (Wyman, Cowen, Work, & Kerley, 1993). Greene (1993) argues that adolescents who are chronically exposed to violence and poverty respond with rage, distrust, and hopelessness. If children learn there are alternatives to violence, maybe their hope for a better future will increase thereby promoting positive development.

Self-esteem is another variable that will be assessed prior to and following the intervention. Self-esteem refers to one's evaluation of one's worth as a person based on an assessment of the qualities that make up the self-concept. As children develop, they begin to evaluate the qualities they perceive themselves as having. Children with high self-esteem are fundamentally satisfied with the type of person

they are; they recognize their strong points, can acknowledge their weaknesses, and generally feel quite positive about the characteristics and competencies they display. Children with low self-esteem view the self in a less favorable light, often choosing to dwell on perceived inadequacies rather than on any strengths they may happen to display (Dweck & Elliott, 1983). There has been a number of research studies that has found a significant positive correlation between violence and low self-esteem among children (Bell & Jenkins, 1991; Freeman, Moknos, & Poznanski, 1993; MacLennan, 1994). If children learn the skills that will provide them with the means of preventing violence on an individual level, then maybe their self-esteem will increase.

This study will address the problem of violence affecting this nation's children, specifically its most at-risk group, African-Americans. African-American children are at greater risk of being exposed to chronic community violence, carrying weapons, homicide, and growing up in impoverished urban neighborhoods (Hammond & Yung, 1994). Very little research has been focused on this high-risk group (Bell, 1987; Hammond & Yung, 1991; Hammond & Yung, 1993). This study's prevention training is partly based on Positive Adolescents Choices Training (PACT), a program specifically tailored for African-American adolescents (Hammond & Yung, 1991). Based on a cognitive-behavioral approach that focuses on violence prevention, PACT provides training on social skills such as communication, negotiation, and problem solving. More specifically, the skill areas include: giving positive feedback, accepting negative feedback, resisting peer pressure, solving problems, and negotiating.

In Hammond and Yung's (1991) study, a group of African-American male adolescents were taught the skills through education, role plays, videotapes, and a token economy. The effects of the program were rated on pre-post measures of observed ratings, teacher ratings, and self-ratings. Results suggest that PACT improved youths' communication, problem solving, and negotiating skills. School suspensions related to violence also decreased for the PACT group while suspensions for the control group increased. The results of the PACT program are promising.

The purpose of the present study is to determine whether or not skills training and education based on a cognitive-behavioral based conflict prevention program similar to PACT will have a positive impact on children's conflict prevention knowledge and self-efficacy scores.

CHAPTER 3

METHOD

An initial assessment battery including measures of self-efficacy, locus of control, hopelessness, self-esteem, and risk behavior knowledge was administered to a sample of African-American male and female children ages 8 to 13 during June of 1996. This chapter describes the sample instruments and procedures used in the program evaluation.

Sample Students were recruited from a community drop-in center located in a bordering suburb of Chicago. The prevention program was integrated into a free summer camp program. There was a total of 4 classrooms that participated. These classrooms were grouped according to age of the children. An open house was held a week before the camp program began. The meeting consisted of an overview of the entire program and provided opportunities to ask questions. Conflict prevention was only one of three areas covered. The other two key pieces of the curriculum focused on sex and drug prevention. During the meeting, facilitators distributed parental and student permission slips explaining the purpose and procedure of the intervention program. No child participated without the written consent of his or her parent or legal guardian.

A total of 69 children agreed to participate in the program. The sample included students from each of the 4 classrooms. A total of 46 females and 23 males were included in the sample. Ages ranged from 8 to 13. All of the students were African-American and were predominantly of lower socio-economic status.

Instruments General Knowledge--This scale was designed specifically for this program. It included children's knowledge on conflict prevention, sex prevention, and drug prevention. The 30-item scale had a scoring system of higher scores indicating greater knowledge in these three areas and lower scores indicating less knowledge (after reverse scoring).

Self-Efficacy--This scale was designed specifically for this program. It included children's self-efficacy beliefs in conflict prevention, sex prevention, and drug prevention. The 10-item scale had a scoring system of low scores indicating higher self-efficacy and higher scores indicating lower self-efficacy.

Hopelessness Scale for Children (HSC) (Kazdin et al., 1983)--This measure developed by Alan F. Kazdin measures children's hopelessness. Based on cognitive theory, this 17-item instrument measures children's negative expectations about oneself and the future. Items are answered "true" or "false" with higher scores indicating greater hopelessness. Scores on the HSC have been associated with level of depression and self-esteem. The internal consistency has a coefficient alpha of .71 and a split-half reliability of .70.

Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1979)--This 10-item Guttman scale developed by Morris Rosenberg measures self-esteem. Low scores indicate higher self-esteem and higher scores indicate lower self-esteem (after reverse scoring). The internal consistency has a coefficient alpha of .92. Two studies on test-retest reliability indicate high stability (.85 and .88). The RSE also shows excellent validity, correlating significantly with several other self-esteem measures.

Children's Perceived Self-Control (CPSC) Scale (Humphrey, 1982)--This scale developed by Laura Lynn Humphrey measures children's perceptions of self-control. Based on cognitive-behavioral theory, this 11-item instrument measures three aspects of self-control: interpersonal self-control, personal self-control, and self-evaluation. Higher scores reflect more self-control and lower scores reflect less self-control. There is no data on internal consistency. Validity evidence has been minimal.

Procedure The pre-post data was collected in a 90 minute group session at the community center. Participants from every classroom were assembled in the cafeteria located in the basement of the center. There was a total of nine facilitators with diverse ethnic backgrounds ranging from African-American, Hispanic, Asian, and Caucasian. Educational backgrounds of the facilitators ranged from an undergraduate psychology major to professors of counseling and clinical psychology. The conflict prevention program had a total of 4 facilitators: 2 African-American males, 1 African-American female, and 1 Asian-American female. Due to scheduling conflicts, the gender and ethnicity makeup of the facilitators varied for each of the four classrooms.

To ensure the children's understanding of the instructions and measurement scales, the directions were read by one of the facilitators. The other facilitators were stationed amongst the students in order to clarify any questions about the measures. The measures were administered in the following order: knowledge in sex, drug, and conflict prevention; self-efficacy; hopelessness; self-esteem; and locus of control.

The post-test measure was administered on the last day of the intervention program. The same measures were administered in each of the four classrooms. Directions were not read aloud. Instead, facilitators made themselves available to any questions the students had. Only 35 girls and 13 boys participated in the post-measure. Absence was attributed to summer vacation and illness.

Prevention procedure The conflict prevention program involved four hours of programming divided into two days. During the first session, the curriculum involved having the children identify future goals and the steps needed to reach these goals. Second, potential obstacles to those goals were listed. This is when conflict-violence management was introduced. Third, children were divided into small groups and were asked to draw and write their images and/or experiences with violence. Fourth, the children were asked to list types of conflict and violence. Facilitators made sure to include gang violence, domestic abuse, family abuse, child abuse, assault, rape, murder, and sexual assault. Fifth, children were asked why conflict can turn into violence and what were the consequences of losing control. Sixth, a publicized account of violence involving children were read to the participants and then processed. Seventh, children were asked to share their belief systems surrounding conflict and violence and other potential influences. Finally, the closing section involved statistics surrounding violence and a brief review of the entire session.

The second session involved building conflict resolution skills. First, there was a quick review of the topics covered in the first session. Second, children were divided into small groups where they identified their current ways of managing conflict. Third, physiological responses of anger and the consequences of acting impulsively when angry were discussed. Fourth, Hammond's (1991) video series, "Givin' It, Takin' It, and Workin' It Out" was played. This section involved teaching the children new and more effective ways of dealing with potential conflict through modeling and role plays. Fifth, the facilitators gave a review of what was learned through the intervention program and asked if the children had any questions. This concluded the intervention.

CHAPTER 4

RESULTS

This chapter will detail the statistical analyses performed on the pre-test and post-test data. Descriptive statistics were run as well as a correlational analysis, paired comparisons t-tests, and an ANOVA. There were 46 girls and 23 boys who filled out the pre measures and only 35 girls and 13 boys who filled out the post measures. There was a total of 21 missing scores from the post data.

Descriptive statistics

The ages of the 69 children who participated in the pre-test measure ranged from 8 to 13 with a mean age of 10.66 (SD = 1.43). The ages of the 48 children who participated in the post-test also ranged from 8 to 13 with a mean age of 10.63 (SD = 1.42).

Preliminary analysis of the data indicate children's relatively high self-efficacy prior to the intervention. Their mean score was a 15.54 (SD = 4.70), with the highest self-efficacy rating a 10.00 and the lowest self-efficacy rating a 50.00. Their mean score following the intervention was a 13.91 (SD = 3.21), which indicates a slight, but insignificant increase in self-efficacy. High scores indicate children's strong belief in being able to avoid or resolve potentially dangerous situations.

Children's pre-intervention scores on the prevention knowledge scale also indicate a fairly knowledgeable group. The mean score was a 23.40 (SD = 3.91) on the pre-measure and the mean score on the post-measure was a 22.48 (SD = 4.34). The highest score a child could receive on the measure was 30 and the lowest score a 0.

Inferential Statistics

Correlational analysis A correlational analysis using the Pearson coefficient was performed looking at the variable of age and its relationship to several of the measures. The analysis focuses on the linear association between two variables. The values of the correlation coefficient range from -1 to 1. This value indicates the strength of the linear relationship between the variables. Larger values indicate stronger relationships and the sign of the coefficient indicates the direction of the relationship (Moore & McCabe, 1989).

It is hypothesized that the older children will score higher than the younger children on both the pre and post-test measures. Several of the pre-intervention measures were positively associated with age: Hopelessness Scale for Children ($r = .31$, $p < .05$), prevention knowledge ($r = .35$, $p < .05$), conflict prevention knowledge ($r = .21$, $p < .10$), and self-efficacy ($r = .22$, $p < .10$). So, increased hopelessness was associated with the older children. Older children also knew more about specific conflict prevention as well as general prevention. Older children also appeared to be more efficacious than the younger children.

Only one of the post-intervention measures was positively associated with age. Prevention knowledge and age had an $r = .53$, $p < .05$. This indicates a positive relationship between age of the child and increased scores on the prevention knowledge measure.

A correlational analysis was also performed on conflict prevention knowledge and conflict prevention self-efficacy. There was an inverse relationship between the two variables. The pre conflict prevention knowledge and post conflict prevention efficacy had an $r = -.38$, $p < .05$. There were 67 subjects. The post conflict prevention knowledge and post conflict prevention efficacy had an $r = -.26$, $.05 < p < .10$. There were 44 subjects.

Paired comparisons t-test A paired t-test was conducted on the difference between students' pre and posttraining scores. In a paired comparisons study, subjects are matched in pairs and the outcomes are compared with each pair. Paired comparisons are appropriate when analyzing before-and-after observations on the same subjects (Moore & McCabe, 1989).

It is hypothesized that children's self-efficacy scores will increase following the intervention. However, according to the paired samples t-test, the children who completed both the pre and post measures of self-efficacy did not appear to show any significant increase or decrease in their scores following the conflict prevention intervention. The t-value was $-.71$ ($df = 42$, 2-tail significance = $.483$).

According to the results from the t-test on prevention knowledge, there was no significant change in knowledge. A paired comparisons was conducted on 40 pairs. The t-value was 1.72 ($df = 39$, $.05 < p < .10$). The mean of the pre knowledge scores was 23.40 ($SD = 3.91$). The mean of the post knowledge scores was 22.48 ($SD = 4.34$). There was a total of 40 pairs.

The outcomes of the t-test for the Hopelessness Scale for Children indicate a significant decrease in children's hopelessness. A paired comparisons was conducted on 42 pairs. The t-value was -11.61 ($df =$

41, $p < .001$) The mean of the pre hopelessness scores was 30.93 (SD = 2.22). The mean of the post hopelessness scores was 24.71 (SD = 2.32).

The results of the paired comparisons on the Children's Perceived Self-Control Scale indicate an increase in children's self-control. There was a total of 47 valid pairs. The t-value was -4.14 (df = 46, $p < .001$). The mean of the pre self-control scores was 5.45 (SD = 2.12). The mean of the post self-control scores was 6.72 (SD = 1.63).

There was also a significant increase in children's self-esteem scores. There was a total of 48 valid pairs. The t-value was -2.30 (df = 47, $p < .05$). The mean of the pre self-esteem scores was 17.02 (SD = 4.185). The mean of the post self-esteem scores was 18.21 (SD = 3.585).

ANOVA In order to see if gender was a moderating variable, an ANOVA was run. The analysis of variance is a way of testing the null hypothesis that several group means are equal in the population. This is done by comparing the sample variance estimated from the group means to that estimated within the groups (Moore & McCabe, 1989).

Gender was a moderator in the following two measures: pre and post prevention knowledge and pre and post self-efficacy. The results of the pre-measure on prevention knowledge indicate that girls seem to be more knowledgeable than boys ($F[2,65] = 6.346$, $p < .05$). The mean score of the 46 girls who filled out the pre-measure was 23.22. The mean score of the 23 boys who filled out the pre-measure was 20.87. The results on the post-measure of prevention knowledge was similar ($F[2,36] = 5.048$, $p < .05$). The mean score of the 33 participating girls was 23.15 and the mean score of the 7 participating boys was 19.29.

The results of the pre-test measure of self-efficacy indicate that the girls had higher, but non-significant self-efficacy scores ($F[2,63] = 3.075$, $p < .10$) than the boys. The 45 participating girls had a mean score of 14.84 while the 22 participating boys had a mean score of 16.95. The post-measure results of self-efficacy were similar, but significant. The girls' scores were significantly higher than the boys at the .05 level ($F[2,41] = 5.682$, $p < .05$). The 34 participating girls had a mean score of 14.00, while the 11 boys had a mean score of 15.82.

CHAPTER 5

DISCUSSION

The first question investigated was whether or not children's prevention knowledge would increase following participation in a cognitive-behavioral prevention program. Preliminary findings suggest no significant decrease or increase in children's knowledge scores. These results may be due to several limitations of the intervention and evaluation.

One limitation may be the ceiling effect. According to the pre measure on knowledge, children's scores were already very high. There was not much room for the children's scores to increase. In fact, the decrease in scores may actually be due to regression towards the mean.

Another possible limitation were the questions used on the measure. Since the measure was created specifically for this program, data on reliability is lacking. There is a possibility that the measure was not appropriate in assessing children's actual prevention knowledge and/or may have been inappropriate for this specific group of children. The curriculum may not have fully answered some of the questions included on the questionnaire. Therefore, children may not have known the correct answers to some of the questions.

Another limitation was the recidivism rate. There were 21 missing scores on the post-measures. The majority of those missing were boys. Perhaps the 21 missing children gained a lot of knowledge from the program compared to those present at the post-measure. If those children were present at the post-measure, the scores may have been different.

The second question investigated was whether or not children's self-efficacy beliefs would increase following the program. There was no significant increase in efficacy. This lack of significance may be attributed to ceiling effects as well. Children's scores before the intervention were already very high. The pre self-efficacy mean was 15.54 while the post self-efficacy mean was a 13.91. The non-significant score increase could also be attributed to the construction of the measure. The self-efficacy measure was designed specifically for this program. Reliability of the measure has not been analyzed. It is possible that this measure did not truly capture children's actual efficacy gains.

The third question was whether or not there would be a significant score increase in children's hopelessness following the intervention. The results are promising. Results showed a significant decrease in children's hopelessness. One of the aims of the curriculum was to provide the children with the resources to avoid or diffuse potentially dangerous situations. It is possible that the education and activities of the program enabled the children to increase their hope for a positive future.

The fourth question addressed children's self-control scores. The program stressed children's choices and the consequences that went along with them. With the content of the curriculum, the children may have gained a better understanding of the alternative behavioral choices to violence. These choices may have increased the children's internal locus of control over their environment.

The fifth question looked at whether or not children's self-esteem scores would increase following the intervention. There was a significant increase in children's self-esteem following the intervention. This may be due to the facilitators' and fellow peers' continuous encouragement and praise of the children during the entire program. The increase in self-esteem may also be due to the friendships that were forged during this summer camp program. The camp program was a place for making friends and getting to know new people. Being part of a group might have increased their self-esteem. Another possible reason is the fact that all of the facilitators were quite invested in this program and genuinely liked and felt connected to the children. This increased attention may have influenced the children's increased self-esteem scores. Higher self-esteem is important because it may provide the children with better coping mechanisms for dealing with present and future community violence.

The next question looked at whether or not older children would score higher on the multiple measures than the younger children. Age did have significant relationships with several of the measures prior to the intervention. For example, results indicate that the older children had a greater sense of hopelessness prior to the intervention. It could be that the older children have had experienced numerous negative experiences with life. This may cause them to feel as if they do not have much to look forward to in the future. It could also be that the younger children, because of their possible lack of experience with the harsh realities of life, have a more positive and optimistic view of the future. Age was not significantly associated with hopelessness after the intervention. It is possible the curriculum content provided the older children with a greater sense of hope for the future. Perhaps the older children realized that they have the

resources to do something about the problems of violence. Having increased choices in life maybe gave them a more hopeful outlook on the future.

Age was significantly related to children's self-efficacy prior to the intervention. Older children seemed to be more efficacious than the younger children. It is possible that the older children have already encountered similar situations detailed in the questionnaire and that they have dealt with those situations proactively. Or it could be that the sense of efficacy was over-inflated for the older children. They may not have wanted to admit that they could not get out of uncomfortable situations. The younger children may have been more honest in answering the belief statements. Or, it is possible that the older children, as opposed to the younger children, have a greater understanding of their limitations and capabilities. Age was not significantly associated with the post measure of self-efficacy. This may indicate that the curriculum was age-appropriate for the entire group in terms of uniformly building their sense of efficacy.

The age of the child was also significantly related to general prevention knowledge (both pre and post) and specific conflict prevention knowledge (pre only). Reasons for these findings may be due to the possibility that increased age may lead to increased exposure and experience in prevention know-how. The older children may have already been exposed to the content of the curriculum through their schools, families, peers, and involvement in community groups. A reason why age may have been significantly related to general knowledge following the intervention could be that some of the content was new to the older children. The reason why age did not moderate the specific questions on conflict prevention may be that the content of this particular curriculum was age-appropriate for the entire group.

The next question looked at gender as a moderating variable. Gender did moderate both the pre and post general knowledge measures and the pre and post self-efficacy measures. Girls scored significantly higher than boys. It is possible that the girls have had greater exposure to the different areas addressed in the general knowledge measure compared to the boys. It could also be that both boys and girls have had equal exposure to the information, but that this group of girls was better at answering the questions correctly. Or perhaps the differences in mean scores can be attributed to the larger amount of participating girls versus boys. The pre measure consisted of 46 girls and 23 boys. However, there were only seven boys, as opposed to 33 girls, who filled out the post measure on prevention knowledge. This small sample size may have skewed the results.

The lack of boys filling out the measures may also account for the outcomes of the pre and post self-efficacy measures. Another plausible reason could be that the girls felt more confident about their capabilities than the boys. These children may have already had experience with these topics. The researchers were amazed at the amount of knowledge and experience these children had. It seemed as if these children had already seen and experienced the dangers of violence in the community and in their schools. This early exposure and experience could account for their higher scores on efficacy.

An interesting finding is the significant negative relationship between conflict prevention knowledge and efficacy in both the pre and post measures. High conflict prevention self-efficacy did not predict children's high conflict prevention knowledge and vice versa. This can be interpreted in numerous ways.

A reason for these results is the possibility that the conflict prevention knowledge measure is not actually measuring children's actual knowledge. Maybe the content of the questions was not applicable to what was learned in the curriculum. It may also be that the questions were too hard to understand and therefore children circled the wrong answers unintentionally. It could also be possible that children are bragging about their ability to diffuse or avoid potentially dangerous situations. The children may feel competent at getting out of these situations, but do not necessarily have the know-how to do so.

Or perhaps there are other factors besides a curriculum-based education that influence a child's belief that he or she can actually get out of difficult situations. Future research can include looking at other variables related to efficacy. It is important for children to be knowledgeable in the areas of drug, sex, and conflict prevention. However, children should also have the tools to apply this knowledge in real-life situations.

Implications of findings As indicated by the pre measures of self-efficacy and prevention knowledge, the children appeared to already have a high level of knowledge. This is an important finding because it shows that these children are already learning about how to deal with the possible risks and health-compromising situations they may encounter in the future. This may be due to the education they are receiving from their parents, teachers, and communities. Integrating all the possible sources of strength on which the individual child can draw upon may be very helpful in decreasing the incidents of violence. A more integrative approach to decreasing violence may make for lasting solutions.

The program also seems to be beneficial in significantly reducing hopelessness. This is an important factor when looking at children who may be experiencing community violence. Greater hope for the future may give children the necessary tools to deal with the stress that is associated with community violence. Hope for the future may be a very important variable to assess and address in future violence prevention programs.

Another implication focuses on how these prevention programs are structured. Gender appears to be a moderator in both self-efficacy and prevention knowledge. It may be necessary to structure programs that are specifically tailored to both females and males. Bell and Jenkins (1993) have found that girls tend to react with more depressive symptoms to community violence, while boys tend to react with more overt behavior (arming themselves with weapons, reacting with aggressive behavior). Therefore, it may be more effective if prevention programs address the issues that are more relevant to specific gender. Perhaps female focused prevention programs can focus on the affect that is attributed with community violence. Programs that are male specific can focus on actual anger management skills and positive behavioral solutions to circumventing violence.

Implications for practitioners The results of this study may be beneficial to those who are practicing clinicians. The cognitive-behavioral interventions that were outlined may be used in conducting therapy with children who are having problems managing their aggression. Some of the techniques were aimed at focusing on how children perceived violence in their communities, schools, and families. During the intervention, children were broken down into small groups and were asked to draw or write about their experiences with violence. This provided the facilitators with very rich information as to how these children saw the world and coped with the stress that surrounded them. Perhaps this alternative way of communicating could be used by practitioners who are trying to tap into a client's actual experiences with community violence both verbally and nonverbally.

Asking the children to role play positive behavioral choices to potentially violent situations was also beneficial. This allowed the children to actually practice what was being taught. The children seemed to enjoy role playing in front of the entire class and seemed to grasp the material quite well. Children were also asked to discuss their physiological responses to anger. Acknowledging these cues was important in terms of having the children know when they might be at risk for getting into a fight. For kids who are

attending therapy, tapping into the child's perceptions of violence and of how he or she actually reacts both physiologically and behaviorally may be quite important in terms of altering his or her behavior.

Limitations First of all, due to time and financial constraints, sessions were very brief. There were only 2 sessions totaling four hours for 3 of the groups while 1 group received only 1 one hour session. This was due to a holiday which fell on the same day of the second session. Perhaps the small amount of significant results can be accounted for by the extremely brief interventions.

Second, due to scheduling conflicts, the facilitators for each classroom varied. There may have been less of an impact due to the gender and ethnicity makeup of the facilitators. Since all of the children were African-American and the majority were girls, they may have been more receptive if all facilitators were of the same gender and ethnicity.

Third, this was not a randomized sample and there was no comparison control group. This was due to the lack of time during the summer. If this study and intervention were conducted over a longer period of time there could have been a waiting list control group. The groups could have also been more balanced in terms of gender, socio-economic status, and previous participation in a conflict prevention program.

Another probable contributor to the lack of significant results may be the sole use of self-report measures. It might have been a better idea to incorporate parent, teacher, and peer reports in measuring the children's actual behavior. Focusing on the children's reported self-efficacy and prevention knowledge does not provide as rich of information as when looking at a variety of reports.

Another limitation was the wording of the measures. As children were filling out the pre-measures, there were many questions on what certain words meant and how they were supposed to answer. The vocabulary on these measures may have been too advanced for the children, especially the eight and nine year olds. Perhaps, there was an increase in knowledge and self-efficacy, but children were confused on how to answer the questions properly.

Another possible limitation was the large recidivism rate. As stated earlier, there was a total of 21 children missing during the post measure. The children who were missing could have had increased self-efficacy and prevention scores. However, the results will not be known due to their absence at the time of the post measure.

One very large limitation of this study was its focus on the individual child. Individual interventions have shown promise, but the problem of violence is on a much larger scale. These children shared personal stories of living in neighborhoods infected by drugs, gangs, and family and community violence. Violence prevention interventions should not be solely focused on the children, but should include entire communities. Violence is a societal problem, not an individual one.

Strengths Aside from the many limitations of this study, there are also many strengths that need to be highlighted. First of all, this intervention program focused on African-American children, a highly neglected population in the violence prevention literature. This is very important since African-Americans constitute 12% of the population, but make up 50% of the murder victims (Elders, 1994). As stated earlier, a majority of these murders are caused by someone the victim knows.

Youth and the poor are especially at risk for violence (Lipsitt, 1994). This program was specifically geared towards pre-adolescents and adolescents. Its aim was to provide children with realistic behavioral options to violence. Also, the program was free, thereby allowing high-risk, lower socio-economic status children to participate and benefit from the information and activities included in the curriculum.

Also, according to the pre-measures, the kids in this sample showed high prevention knowledge and high self efficacy before the intervention even began. This may speak to the existing training and strength within the communities these children live. These children appear to have the foundation to be prepared to deal with possible health-compromising situations in the future. These children's communities and families seem to acknowledge the fact that the world can be an unsafe place and that the children need to be taught ways in which to deal with potentially harmful situations they may encounter in the future. Furthermore, the children who participated in this program already seem to be at an advantage over their peers who are not part of a similar program. These children are being provided with a structured environment where one goal includes providing children with the knowledge and skills to make healthy and prosocial choices.

Also, this program stresses prevention of violence. Reactive solutions do not work with people's strengths and it does not address the underlying causes of violence. With this program, the goal is to provide the children with the resources to prevent, avoid, or diffuse potentially violent situations thereby promoting safer and healthier lives. This program addresses secondary prevention. Due to these children's

existing situations (lower SES, experiences with community violence), they are at-risk for experiencing health-compromising situations in the future. This program is aimed at decreasing this possibility.

Future research goals Future research on conflict prevention should include careful study of both experimental and waiting list control groups. This way there is a better possibility of attributing positive gains to the actual intervention and not to other factors such as maturation or gender moderators. A second goal of future research should be the inclusion of a randomized and more ethnically diverse sample. It would be a good idea to see if this program is applicable to a more heterogeneous sample. As stated in the literature review, this program was based on Hammond & Yung's (1991) PACT program. The content of the curriculum and the actors used on the video series were designed specifically for African-Americans. It would be interesting to see if this program or a somewhat similar one would have a positive effect on a more diverse sample.

It will be of benefit to include behavioral measures of children's aggression and their current experiences with violence. This way, researchers will be able to assess if the intervention program actually changes children's behavior and/or perceptions of violence. Including self-report measures that ask questions about the amount of fights children engage in, how they handle arguments, if they have ever witnessed violence in their communities, schools, and families will provide important information. From the dialogue that was gathered during this conflict prevention program, children were quite enthusiastic about presenting the facilitators with a very colorful picture of what they saw and experienced in their daily lives. The data would have been much richer if these experiences were actually recorded. It would have been beneficial to get a clearer picture of how the children handled conflict before the intervention and then afterwards.

Another way of tapping into behavior is through providing pre and post scenarios where children are presented with a potentially volatile situation and asked how they would handle it. This provides a better idea on whether or not the intervention curriculum taught the children new ways of dealing with conflict peacefully.

Another goal for future research is a longitudinal study. It is difficult to assess the effects of prevention programs since they are aimed at preventing problems from occurring in the first place. Therefore, it might be of benefit to follow a group of children who have participated in a conflict prevention program and periodically assess their prevention knowledge and skills as well as compare their violence

participation to a control group. This might be a better indicator of whether or not conflict prevention programs are effective. This could be done by incorporating conflict management education into the children's academic curriculum. This would provide richer information as well as provide the children with more constant training in conflict prevention.

Finally and probably most importantly, conflict prevention should encompass more than the individual child. Violence is beyond the individual level. It affects entire families, schools, and communities. Perhaps with more time and money, future research can begin to focus on finding more lasting solutions to the problem of violence. The future goal of conflict prevention researchers should be a macrolevel approach that focuses on educating families, communities, schools, as well as the individual. For example, Guerra, Eron, Huesmann, Tolan, & Van Acker (1997) are currently working on a promising program titled "Yes I Can". It encompasses the school system, antisocial peer group, family, and the individual. It is a multidimensional program aimed at preventing the emergence of antisocial behaviors in inner city youth. It addresses the fact that inner-city children need a comprehensive approach to preventing violence. It focuses on changing the individual child's cognitions about violence and addressing their learning environments (peers, schools, and families).

So they get on, they get on the runaway train
Looking for dollars, and good times, and
love,
What a shame.
Because it's a runaway train, it's going
nowhere
And once you get on it, it's going nowhere
And once you get on it, it's going express.
Check it out young people, last stop is death.
(Canada, 1990)

Gangs, drugs, and violence are the three elements embedded in this poem. Canada (1990) is asking for society as a whole to save the children from the epidemic of violence. So far, the proposed solutions to violence have been too simplistic, not accounting for the underlying causes of violence. In order to reduce violence, society needs to think of long-term programs that address the underlying causes of violence. Prevention of violence should be the goal, not the bandaging of symptoms (Lipsitt, 1994). Future education and prevention programs need to provide children with the knowledge and confidence that violence does not have to be the answer to conflictual or potentially volatile situations. These programs need to make sure that children have the resources to make smart choices.

APPENDIX A

Appendix A

Please answer the following questions about yourself. Keep in mind that since no names are on these forms, you will have complete privacy about what you say. If you have questions or need help, please raise your hand and someone will help you.

Are you a _____ Boy or _____ Girl?

How old are you? _____

What grade will you be in next fall? _____

How many people live in your home? _____

Who are the adults who live in your home? _____

How many brothers do you have? _____

How many sisters do you have? _____

Who is responsible for taking care of you most of the time? _____

Do you attend a religious service on a regular basis? _____ Yes _____ No

Do you spend time at Family Focus on a regular basis? _____ Yes _____ No

Did you participate in the Working Wonders camp last year? _____ Yes _____ No

Please read each statement, then circle T for true, F for false, or No for not sure.

- | | | | |
|---|---|---|---|
| 1. Teenagers are too young to get addicted to drugs or alcohol. | T | F | N |
| 2. There is no cure for AIDS. | T | F | N |
| 3. Tobacco is not a drug. | T | F | N |
| 4. Men and women can have sexually transmitted diseases like AIDS without having any symptoms. | T | F | N |
| 5. You never know what has been added to street drugs like marijuana. | T | F | N |
| 6. Abstinence (or not having sex or using drugs) is the only 100% sure way to protect yourself from getting AIDS. | T | F | N |
| 7. It is dangerous to combine drugs (to use more than one drug at the same time). | T | F | N |
| 8. If a girl stands-up right away after having sex, she can't get pregnant. | T | F | N |
| 9. Drugs can hurt you even the first time you try them. | T | F | N |
| 10. You can look at a person and tell if they are infected with the AIDS (HIV) virus. | T | F | N |
| 11. Each person's body reacts the same way to the same amount of alcohol. | T | F | N |
| 12. There is a test to determine if a person has the AIDS (HIV) virus. | T | F | N |
| 13. You can't get addicted to crack. | T | F | N |
| 14. A pregnant woman who has the AIDS (HIV) virus can infect her unborn baby with the virus. | T | F | N |
| 15. Taking someone else's medicine can hurt you. | T | F | N |
| 16. You can get AIDS from holding hands with an infected person. | T | F | N |
| 17. Alcohol is a drug. | T | F | N |
| 18. You can't get AIDS from touching toilet seats, bathtubs, spoons, or other objects. | T | F | N |
| 19. You can get addicted to drugs at any age. | T | F | N |

20. You can get AIDS if you give blood.	T	F	N
21. Drugs never interfere with a person's actions or problem-solving.	T	F	N
22. You can get AIDS if you receive someone else's blood (in an emergency at the hospital).	T	F	N
23. The younger a person starts drinking alcohol the more likely they will become addicted to it.	T	F	N
24. Fighting is sometimes the best way to solve problems.	T	F	N
25. If talking doesn't work in solving a problem, it is sometimes necessary to resort to violence.	T	F	N
26. There are certain situations when it is okay to force someone to have sex.	T	F	N
27. It is normal for boyfriends and girlfriends to physically fight.	T	F	N
28. It's okay to use violence if it gets you what you want.	T	F	N
29. People who are high or drunk have trouble avoiding fights.	T	F	N
30. Violence goes hand-in-hand with selling and using drugs.	T	F	N

Please answer each of the questions based on how true each statement is about you. Check the answer most true for you most of the time.

1. I think I could get myself out of a conflict with a friend without using violence.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false
2. If I were mad at someone, I could tell them how I felt without getting into a fight.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false
3. I would know how to leave a situation in which people were using drugs or alcohol.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false
4. If my friends were having sex and tried to get me to have sex, I would feel comfortable saying no.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false
5. If I decided to have sex, I am sure I would be able to use condoms to protect myself and my partner from sexually transmitted diseases and unwanted pregnancy.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false
6. I feel comfortable and confident saying no to friends who might offer me drugs or alcohol.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false
7. I feel confident in refusing drugs and alcohol even if my friends were using it.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false
8. If I didn't want to have sex, I would tell my boyfriend or girlfriend no.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false
9. If I were having a hard time refusing drugs or alcohol, I would feel comfortable going to an adult I trust for help.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false
10. When people are angry at me, I can listen to them without yelling at them.
____ very true ____ sometimes true ____ not true at all ____ sometimes false ____ always false

These sentences are about how some kids feel about their lives. Your answers let us know how kids feel about things. There are no right or wrong answers. Just circle true if the sentence is like you and false if it is not like you.

- T F 1. I want to grow up because I think things will be better.
- T F 2. I might as well give up because I can't make things better for myself.
- T F 3. When things are going badly, I know they won't be as bad all of the time.
- T F 4. I can imagine what my life will be like when I'm grown up.
- T F 5. I have enough time to finish the things I really want to do.
- T F 6. Some day, I will be good at doing the things I really want to do.
- T F 7. I will get more of the good things in life than most other kids do.
- T F 8. I don't have good luck and there's no reason to think I will when I grow up.
- T F 9. All I can see ahead of me are bad things, not good things.
- T F 10. I don't think I will get what I really want.
- T F 11. When I grow up, I think I will be happier than I am now.
- T F 12. Things just won't work out the way I want them to.
- T F 13. I never get what I want, so it's dumb to want anything.
- T F 14. I don't think I will have any real fun when I grow up.
- T F 15. Tomorrow seems unclear and confusing to me.
- T F 16. I will have more good times than bad times.
- T F 17. There's no use in really trying to get something I want because I probably won't get it.

Please answer with the number which is true for you on each question depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

1 = Strongly Agree

2 = Agree

3 = Disagree

4 = Strongly Disagree

- ___1. On the whole, I am satisfied with myself.
- ___2. At times I think I am no good at all.
- ___3. I feel that I have a number of good qualities.
- ___4. I am able to do things as well as most other people.
- ___5. I feel I do not have much to be proud of.
- ___6. I certainly feel useless at times.
- ___7. I feel that I'm a person of worth.
- ___8. I wish I could have more respect for myself.
- ___9. All in all, I am inclined to think that I am a failure.
- ___10. I take a positive attitude toward myself.

Below are eleven statements. Please think about each one in terms of whether it is usually true for you or not. Answer each according to the following scale. Enter 1 if it is usually yes and 0 if it is usually no.

1 = Usually Yes

2 = Usually No

- ___ 1. If someone bothers me when I'm busy I ignore him/her.
- ___ 2. When the teacher is busy I talk to my friends.
- ___ 3. When someone pushes me I fight them.
- ___ 4. I think about other things when I work.
- ___ 5. It's hard to keep working when my friends are having fun.
- ___ 6. It's hard to wait for something I want.
- ___ 7. I make mistakes because I work too fast.
- ___ 8. I know when I'm doing something wrong without someone telling me.
- ___ 9. If my work is too hard I switch to something else.
- ___ 10. After I do something it's hard to tell what will happen next.
- ___ 11. It's hard for me to finish my work if I don't like it.

TABLE 1. MEANS, STANDARD DEVIATIONS, T-VALUES, AND F VALUES

Table 1. Means, Standard Deviations, t-values, and F values

	<u>Pre</u>	<u>Post</u>	<u>t-value</u>
Self-Efficacy	15.54 (4.70)	13.91 (3.21)	-.71
Knowledge	23.40 (3.91)	22.48 (4.34)	1.72*
Hopelessness	30.93 (2.22)	24.71 (2.32)	- 11.61***
Self-Control	5.45 (2.12)	6.72 (1.63)	- 4.14***
Self-Esteem	17.02 (4.19)	18.21 (3.59)	- 2.30**
<u>ANOVA</u>	<u>Girls</u>	<u>Boys</u>	<u>F Value</u>
PreKnow	23.22 (3.03)	20.87 (3.91)	6.35**
PostKnow	23.15 ()	19.29 ()	5.05**
PreEfficacy	14.84 ()	16.95 ()	3.08*
PostEfficacy	14.00 (3.21)	15.82 (3.01)	5.68**

*p < .10 **p < .05 ***p < .01

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VITA

I began working on conflict prevention during the summer of 1996. I joined a research group whose primary aim was to decrease health-compromising behaviors amongst at-risk children. My interest in prevention has been influenced by my practicum experience at the Community Counseling Centers of Chicago. I conducted intake assessments, provided counseling, and attended workshops that focused on predominantly lower socio-economic status children and their families during the 1996-1997 academic school year. I met with and counseled many children and families who were either witnesses, perpetrators, or victims of violence. This provided me with the inspiration to become involved in projects that strived to implement curriculums that stressed prevention of conflict and violence. Currently, I am working with Dorothy Espelage, Ph. D. at the University of Illinois Urbana-Champaign. We will be conducting interviews and assessments with middle-school children. We will look at bullying behavior

Thesis Approval Sheet

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of Masters of Arts in Community Counseling.

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